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TIME: _____

TO:	Examiner Daniel J. Wu	FAX NO.:	1-703-872-9306
FROM:	Christopher J. Dervishian	ADMIN. ASST.:	Patricia C. Boccella
APPLN. NO.:	10/820,804	ATTY. DOCKET NO.:	RFID-110US
TITLE OF APPLN.: CONFIGURATION PROGRAM FOR A SECURITY SYSTEM			
FILING DATE:	April 9, 2004	ART UNIT:	2632
FIRST INVENTOR:	Louis A. Stilp	CONF. NO.:	8867
TITLE OF DOCUMENT (and List of Attachments): Transmittal and Power of Attorney and Correspondence Address Indication Form			

Total Number of Pages: 3 (including this form)**COMMENTS****CONFIDENTIAL AND PRIVILEGED ATTORNEY/CLIENT INFORMATION**

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PTO/SB/21 (04-04) (AW 06/2004)

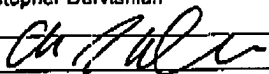
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/820,804
	Filing Date	April 9, 2004
	First Named Inventor	Louis A. Stipp
	Art Unit	2632
	Examiner Name	Daniel J. Wu
	Attorney Docket No.	RPID-110US
Total Number of Pages in This Submission 2		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm or Individual Name	Christopher Darvishian	Registration No. (Attorney/Agent)	42,480
Signature			
Date	December 17, 2004		

CERTIFICATE OF TRANSMISSION / MAILING			
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Signature		Date	December 17, 2004

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PTO/SB/81 (11-04) (AW 11/2004)

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**POWER OF ATTORNEY
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Application Number	10/820,804
Filing Date	April 9, 2004
First Named Inventor	Louis A. Stilp
Title	CONFIGURATION PROGRAM FOR A SECURITY SYSTEM
Art Unit	2832
Examiner Name	Daniel J. Wu
Attorney Docket Number	RFID-110US

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Louis A. Stilp</i>	Date	12/15/04
Name	Louis A. Stilp	Telephone	(610) 727-3930
Title and Company	CEO, Securix, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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